

Big City/County Seat Belt Enforcement Officer Statistics Sheet

Officer: _____

Date: _____

Time: _____ to _____

<i>Primary Focus</i>	Citation	Written Warning	TOTAL
Safety belt			
Child restraint			

Secondary Focus

Speed related			
Open container			
Minor alcohol			
Misdemeanor DUI			
Felony DUI			
Other alcohol			
License suspended			
Graduated license			
Other license violation			
Criminal misdemeanor			
Criminal felony			
Other traffic			
Total			

Physical arrest hours

(Actual time with a person suspected of DUI)

Actual Patrol Hours

(Total hours minus DUI arrest hours)

Results

Citations issued per hour

(required is 3.0)

Seat belt and child restraint citations per hour

(required is 1.5)

Officer Signature

Project Director Signature